

STATE OF MAINE
Department of Health and Human Services
Office of Aging and Disability Services

REQUEST FOR INFORMATION

RFI#201602031

Specialty Medical Treatment Center

RFI Coordinator: Kirsten Capeless, Program Manager for Brain Injury Services
41 Anthony Avenue, SHS #11
Augusta, ME 04333

Tel: 207-287-6656 E-mail: kirsten.capeless@maine.gov

This RFI is non-binding, for the State and all interested parties, and no contract award will be made as a result of the RFI process. This document is for market research purposes only. All contact with the State regarding this RFI must be made through the aforementioned RFI Coordinator. No other person/State employee is empowered to make statements regarding this RFI.

Informational Meeting: March 4, 2016, 11a.m.-12:30 p.m. local time
41 Anthony Avenue, Augusta, Maine

Deadline for Submitted Questions: March 18, 2016, 5:00 p.m. local time

Responses Due Date: April 1, 2016, 2:00 p.m. local time

Responses are to be submitted to:

kirsten.capeless@maine.gov

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PUBLIC NOTICE

State of Maine
Department of Health and Human Services
RFI#201602031
Specialty Medical Treatment Center

The State of Maine, Department of Health and Human Services, Office of Aging and Disability Services, is seeking information regarding the development and implementation of Specialty Medical Treatment Center in one or more yet to be determined geographic service areas of the state. Thus, the Department is hereby announcing the publication of a Request for Information (RFI) #201602031 requesting information of the aforementioned services.

A copy of the RFI can be obtained by contacting the Department's RFI Coordinator for this project: Kirsten Capeless, Program Manager for Brain Injury Services. The RFI Coordinator can be reached at the following email address: kirsten.capeless@maine.gov. The Department encourages all interested parties to obtain a copy of the RFI and submit a response.

An Information Meeting will be held at the Department of Health and Human Services' Office of Aging and Disability Services, located at 41 Anthony Avenue, Augusta, ME, on March 4, 2016 at 11:00 a.m.

Responses must be submitted to: Kirsten.capeless@maine.gov and be submitted by 2:00 p.m., local time, on April 1, 2016.

State of Maine - Department of Health and Human Services
RFI#201602031
Specialty Medical Treatment Center

PART I INTRODUCTION

A. Definitions and Abbreviations

The following are definitions for the stated terms and acronyms as they relate to this Request for Information (RFI):

1. **FOAA:** Maine Freedom of Access Act.
2. **OADS:** Department's Office of Aging and Disability Services.
3. **Respondent:** Any individual or organization submitting a response to this RFI.
4. **RFI:** Request for Information.
5. **RFP:** Request for Proposal.
6. **Specialty Medical Treatment Center:** A Specialty Medical Treatment Center is designed to meet the needs of individuals with significant medical needs that are typically neurodegenerative in nature that do not allow the assurance of health and welfare in a typical residential care setting. This is a short-term transitional setting, typically lasting 6-12 months, that utilizes a highly sophisticated approach to stabilize medical needs. The goal is to assist the individual with returning to a home and community based setting while maximizing independence and self-sufficiency.

B. Purpose and Background

This Request for Information (RFI) is an information gathering and market research tool, not a formal solicitation of a specific requirement (such as in a "Request for Proposals" document). The Department of Health and Human Services/Office of Aging and Disability Services ("Department") is seeking information regarding a Specialty Medical Treatment Center from interested parties as defined in this RFI document. This is an opportunity for interested parties to help the Department better understand a marketplace and/or specific subject matter.

C. General Provisions

1. This is a non-binding RFI. Therefore, no award shall be made as a result of the RFI process.
2. Issuance of this RFI does not commit the Department to pay any expenses incurred by a Respondent in the preparation of their response to this RFI. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
3. Issuance of this RFI in no way constitutes a commitment by the State of Maine to issue an RFP.
4. All responses should adhere to the instructions and format requests outlined in this RFI and all written supplements and amendments, such as the Summary of Questions and Answers, issued by the Department.
5. All submissions in response to this RFI will be considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) (1 M.R.S. §§ 401 et seq.).

<http://www.mainelegislature.org/legis/statutes/1/title1sec401.html>

6. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in responses received by vendors in response to this RFI.
7. All applicable laws, whether or not herein contained, shall be included by this reference. It shall be the Respondent's responsibility to determine the applicability and requirements of any such laws and to abide by them.

PART II INFORMATION SOUGHT

The Department seeks input from interested parties to consider in the design and implementation of a Specialty Medical Treatment Center in Maine. The Department is particularly interested in best practice and/or innovative design and implementation approaches for a Specialty Medical Treatment Center which could limit programmatic risk and increase service availability across the state. The target size is a twelve (12) to twenty (20) bed licensed facility. The Department anticipates utilizing the nursing facility licensure process.

While the Department seeks responses for all the areas of interest identified below, limited responses to this RFI that address one or more of the following areas of interest will also be accepted:

1. What conclusions have you drawn from specialty medical models of care in other states, and what lessons should be applied to the development of a Specialty Medical Treatment Center in Maine?
2. Describe your understanding of a successful Specialty Medical Treatment Center. How would you transition members into a home and community based setting when they no longer need the higher level of care?
3. What would the design of your clinical team look like? Describe the educational and specific staff requirements as well as the potential need for accreditation.
4. Describe your success with extremely difficult cases. What are the key factors that lead to success?
5. Given the inability to refuse admission, describe how you will address serving many individuals with an array of challenging needs and behaviors.
6. Describe your clinical modalities for treating individuals with challenging needs related to neurodegenerative disorders including but not limited to ALS, Huntington's disease, Parkinson's disease, ventilator care, and bariatric care.
7. Describe your philosophy around least restrictive environments and positive behavioral supports when treating individuals with challenging medical and psychiatric needs.
8. What legislative and/or policy decisions do you see as critical to successfully implementing a Specialty Medical Treatment Center in Maine? What would you recommend, and why?
9. Which partnerships with community-based service providers do you see as critical to the success of a Specialty Medical Treatment Center in Maine, and why?
10. How would you approach partnering with existing community-based service providers?
11. Which areas of the state do you see as sustaining a Specialty Medical Treatment Center and why?
12. Given that Maine is requiring capacity of 12-20 beds, are you planning to expand services to out of state placements? If so, will this involve the creation of additional beds to serve those individuals?
13. Describe your experience and capacity to treat individuals with complex medical and psychiatric needs that are also involved with the forensic system.
14. Describe your Specialty Medical Treatment Center model. Create and submit a rough order of magnitude pricing for designing and implementing this service. Additionally, address the physical plant requirements, the per diem cost per member, and initial capital needed to begin and run this service.

Requested Attachments:

1. Recommended Milestone Schedule for Specialty Medical Treatment Center Development and Implementation including major progress points and dates needed to be reached in order to achieve a successful implementation.

PART III KEY RFI EVENTS

A. Timeline of Key RFI Events

Event Name	Event Date and Time
Informational Meeting	March 4, 2016, at 11:00 a.m., local time
Due Date for Receipt of Written Questions	March 18, 2016 at 5:00 p.m., local time
Due Date for Responses	April 1, 2016 at 2:00 p.m., local time

B. Informational Meeting

The Department will sponsor an Informational Meeting concerning this RFI beginning at the date and time shown in the timeline above. The Informational Meeting will be held at 41 Anthony Avenue, Augusta, ME 04330.

The purpose of the Informational Meeting is to provide interested parties with additional information related to this RFI, field questions, and clarify any questions as to this RFI request.

C. Questions

1. General Instructions

- It is the responsibility of each interested party to examine the entire RFI and to seek clarification, in writing, if they do not understand any information or instructions.
- Questions regarding the RFI must be submitted via e-mail and received by the RFI Coordinator listed on the cover page of this RFI document as soon as possible but no later than the date and time specified in the timeline above.
- For ease of reference, please include the RFI Number and Title in the subject line of the e-mail. Be sure to refer to the page number and paragraph within this RFI relevant to the question presented for clarification, if applicable.

2. Summary of Questions and Answers

Responses to all substantive and relevant questions will be compiled in writing and distributed to all registered, interested parties by e-mail, as well as posted on the OADS website (www.maine.gov/dhhs/oads). The Department reserves the right to answer or not answer any question received.

D. Submitting the Response

1. Responses Due

Responses must be received no later than the date and time listed in the timeline above.

2. Delivery Instructions

Responses must be submitted to the RFI Coordinator, via e-mail, listed on the cover page of this RFI document.

PART IV SUBMISSION REQUIREMENTS

This section contains instructions for Respondents to use in preparing their responses. It is requested that all responses follow the outline suggested below, including the numbering, section, and sub-section headings as they appear here. The Department seeks detailed yet succinct responses that demonstrate the Respondent's experience and familiarity with the subject matter. **As this is not a competitive RFP process, Respondents should not provide any specific cost or customized pricing documentation in their response.**

A. Response Format

1. For clarity, the response should be typed or printed. Responses should be single-spaced with 1" margins on white 8 1/2" x 11" paper using a font no smaller than 12 point Times New Roman or similar.
2. All pages should be numbered consecutively beginning with number 1 on the first page of the narrative (this does not include the cover page or table of contents pages) through to the end, including all forms and attachments. For clarity, the Respondent's name should appear on every page, including Attachments. Each Attachment should reference the section or subsection number to which it corresponds.
3. Respondents are asked to be brief and to respond to each question and instruction listed in the "Submission Requirements" section of this RFI. Number each response to correspond to the relevant question or instruction of the RFI. The response should be limited to a maximum total 75 pages.
4. Include any forms provided in the package or reproduce those forms as closely as possible. All information should be presented in the same order and format as described in the RFI.
5. Please provide all information requested in the RFI package at the time of submission.

B. Response Contents

Section I. Organization

1. Provide Respondent's location(s)
2. Provide a brief description of Respondent's main products/services
3. Provide a brief description of years in business
4. Provide a description of the management structure
5. Describe any licensure required for any services described in the "Information Sought" section.

Section II. Response to Information Sought

Discuss the "Information Sought" section referenced above in Part II of this RFI and what the Respondent offers and recommends related to the goods or services described. Please respond to all questions in this section, and give particular attention to describing the methods and resources necessary to accomplish the tasks involved.

Section III. Required Attachments

The following documents should be attached to the back of each submitted response:

1. Recommended Milestone Schedule for a Specialty Medical Treatment Center Development and Implementation

PART V REVIEW OF RESPONSES RECEIVED

A. General Information

1. The Department will review responses received for the purpose of gathering information and market research. The Department will not score or rate responses received.
2. The Department reserves the right to communicate and/or schedule interviews/presentations with Respondents, if needed, to obtain clarification of information contained in the responses received.

APPENDIX A

**STATE OF MAINE
Department of Health and Human Services
RESPONSE COVER PAGE**

**RFI#201602031
Specialty Medical Treatment Center**

Lead Point of Contact for Response - Name/Title:	
Respondent's Organization Name (if applicable):	
Tel:	Fax:
E-Mail:	Website (if applicable):
Street Address:	
City/State/Zip:	